

## MULTIPLE DEPEN

FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/562237

FILING DATE

12.22.05

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.		
	1		1		1			51		52		53		54		
2			1													
3			2													
4			2													
5			2													
6			2													
7			2													
8			2													
9			2													
10			2													
11			2													
12			2													
13			2													
14			2													
15			2													
16			2													
17			2													
18			2													
19			2													
20			2													
21			2													
22			2													
23			2													
24			2													
25			2													
26			2													
27			2													
28			2													
29			2													
30			2													
31			2													
32			2													
33			2													
34			2													
35			2													
36			2													
37			2													
38			2													
39			2													
40			2													
41			2													
42			2													
43			2													
44			2													
45			2													
46			2													
47			2													
48			2													
49			2													
50			2													
TOTAL IND.																
TOTAL DEP.																
TOTAL CLAIMS																